								1
IPDR6702 RUN DATE:	06/20/2005		TPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	
			CHE	CCKWRITE DATE: 06/23/2005				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	1077	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	543	CLIENT ID NUMBER DOES NOT MATC	266	2098	2198	100
				H PATIENT NAME				
		8931	204	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
2404004		0505	2402	OLIVE DELIVER DVD TO THOUSENED				
3404904	WESTERN HIGHLAN	8505	2402	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	DS LME							
		11	491	CLIENT NOT ELIGIBLE ON SERVICE	4	3389	3580	191
		8599	125	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404910	PATHWAYS	8505	4948	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8599	309	DETAIL NOT COVERED BY COMBINAT	5	5881	6046	163
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	287	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOTORE RA S.				
3404912	CATAWBA COUNTYM	8505	1310	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8599	144	DETAIL NOT COVERED BY COMBINAT	169	1712	2712	1000
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	140	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913		11	3737	CLIENT NOT ELIGIBLE ON SERVICE				
	MECKLENBURG COM ENTAL HEALT	1		DATE				
		8505	1194	CLAIM DENIED DUE TO INSUFFICIE	_			
				NT BUDGET	344	6214	8135	1921
		21	280	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA	8505	697	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		8599	464	DETAIL NOT COVERED BY COMBINAT	2	1460	3904	2444
		1		ION OF RECIPIENT, PROVIDER AND	3	1400	3904	2444
				BENEFIT PACKAGE.				
		8329	154	CLAIM DENIED ATTENDING PROVIDE				
		1		R CANNOT BE THE SAME AS				
				THE LMA				
3404917	CENTED DOING WAY	8505	5356	CLAIM DENIED DUE TO INSUFFICIE				
/	CENTERPOINT HUM AN SERVICES			NT BUDGET				
		8599	1947	DETAIL NOT COVERED BY COMBINAT				
		0133	134/	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	1497	10942	11005	63
		1		BENEFIT PACKAGE.	1			
		0.021	007	AMMING INDITIONED TO DECEMBE OF				
		8931	887	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		1		**				
	1	1	1	I .	1	1		1

DDOUTER		HIGH DEVIAT	MINDED OF		-		TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NOPEL	PROVIDER NAME	EODS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	8599	88	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	71	ASTNC INELIGIBLE TO RECEIVE SE				
		0000	7.2	RVICES IN IPRS.	81	357	1041	684
		191	56	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404919	GUILFORD CO MEN	8505	304	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8599	220	DETAIL NOT COVERED BY COMBINAT				
		0333	220	ION OF RECIPIENT, PROVIDER AND	29	809	8373	7564
				BENEFIT PACKAGE.				
		10	61	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404920	ALAMANCE CASWEL	8599	2232	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		9505	1007	CLAIM DENIED DUE TO INSUFFICIE				
		8505	1227	NT BUDGET	0	4517	6072	1555
		21	677	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C	8505	1288	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		21	777	DUPLICATE OF CLAIM-SYSTEM	38	2870	4170	1125
		8800	420	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404922	THE DURHAM CENT	8505	3404	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
		8599	1839	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND	0	6541	11356	4757
				BENEFIT PACKAGE.				
		8518	385	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
				JUNE DOS MUSI BE SUBMITTED BI				
3404923	VGFW AREA AUTHO	8505	2114	CLAIM DENIED DUE TO INSUFFICIE				
	RITY			NT BUDGET				
		8800	152	FURBURD DROCEGGING MEGEGGARY				
			-34	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	2364	2601	237
				FUTURE RA'S.				
		8599	54	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENDEII FACAGE.				
3404925	SANDHILLS CENTE	8505	8171	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	767	FURTHER PROCESSING NECESSARY,	60	9633	9926	293
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	258	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404024		9505	6503	CIAIM DENIED DIE TO INCUENTATE				
3404926	SOUTHEASTERN RE	8505	6503	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	G MENTAL HL							
		8931	1600	AMTNC INELIGIBLE TO RECEIVE SE	2826	14073	14515	442
				RVICES IN IPRS.				
				t and the second				
		143	1239	CLIENT ID NUMBER NOT ON STATE				

	ELIGIBILITY FILE		

PROVIDER		HIGH DENIAL	MIIMDED OF				TOTAL	TOTAL
NUMBER		EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927		8505	891	CLAIM DENIED DUE TO INSUFFICIE				
	CUMBERLAND CO M HC			NT BUDGET				
	nc							
		8800	80	FURTHER PROCESSING NECESSARY,	0	1229	3767	2538
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	69	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404929		8505	694	CLAIM DENIED DUE TO INSUFFICIE				
	LEE HARNETT MH/ DD/SAS			NT BUDGET				
	DD/ 3A3							
		21	135	DUPLICATE OF CLAIM-SYSTEM	0	872	1980	1108
		11	29	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404030		0505	270	CIAIM DENIED DIE DO INCUEDICIE		1		
3404930	JOHNSTON COUNTY	8505	278	CLAIM DENIED DUE TO INSUFFICIE	-			
	MNTL HLTHC		1	NT BUDGET				
	1	8800	62	FURTHER PROCESSING NECESSARY,				
	+			PLEASE CHECK FOR CLAIM ON	20	405	1198	793
				FUTURE RA'S.		<del>                                     </del>		
	+					1		
		8622	22	60 RESIDENTIAL LEVEL II TREATM		1		
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404931	WAKE CO HUM SVC	8505	857	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		8599	475	DETAIL NOT COVERED BY COMBINAT				
		0333	475	ION OF RECIPIENT, PROVIDER AND	0	1749	2549	800
				BENEFIT PACKAGE.				
		21	179	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0					
		0	U		0	0	0	0
3404933	SOUTHEASTERN CT	8505	2476	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
	K FOR PHI/DD							
		21	741	DUPLICATE OF CLAIM-SYSTEM	31	4431	7693	3262
		11	449	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
2404027		11	156	CLIENT NOW BLICEPIE ON ORDERS		1		
3404934	ONSLOW COUNTY B	11	156	CLIENT NOT ELIGIBLE ON SERVICE  DATE	1	1		
	EHAVIORAL H		1	541.5				
	+					<del> </del>		
	+	8505	132	CLAIM DENIED DUE TO INSUFFICIE		***	1004	568
		1	1	NT BUDGET	5	466	1034	568
	1					<del> </del>		
						1		
		8599	67	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		1		
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENTALO	DENTALS	TINALIZED	INID
3404936	WILSON-GREENE M ENTAL HEALT	8505	181	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	22	FURTHER PROCESSING NECESSARY,	25	237	1822	1585
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8931	20	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IFRS.				
3404937	EDGECOMBE NASH	8505	1275	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C			NT BUDGET				
		21	199	DUPLICATE OF CLAIM-SYSTEM	1	1541	2095	554
		8800	62	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
				TOTOLD NA U.	<u> </u>	<del> </del>		
3404938	VGFW DBA RIVERS	8599	45	DETAIL NOT COVERED BY COMBINAT	<del> </del>	<del>                                     </del>	1	
	TONE COUNSE			ION OF RECIPIENT, PROVIDER AND		1		<del>                                     </del>
				BENEFIT PACKAGE.				
		24	31	PROCEDURE CODE, PROCEDURE/MODI	19	121	3310	3189
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		0.000	0.5	60 RESIDENTIAL LEVEL II TREATM				
		8622	25	ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
				TON INDITIONING CONVICE.				
3404939	NEILOE MENERAL LIE	8505	2529	CLAIM DENIED DUE TO INSUFFICIE				
	NEUSE MENTAL HE ALTH CENTER			NT BUDGET				
	ADIII CENIER							
		21	913	DUPLICATE OF CLAIM-SYSTEM	2	4381	5966	1585
		8599	429	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941		21	1841	DUPLICATE OF CLAIM-SYSTEM				
3101311	PITT CO MH/DD/S	2.1	1041	DOFBICATE OF CHAIN-SISTEM				
	AS CENTER							
		8599	1378	DETAIL NOT COVERED BY COMBINAT	62	3529	5314	1785
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		537	93	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
			1	nio Daie Of SERVICE	1		1	
			1		1	1	1	
3404942	DOVNORE GHORAY	8505	1348	CLAIM DENIED DUE TO INSUFFICIE	1	<del>                                     </del>	-	
	ROANOKE CHOWANH UMAN SERVIC		1	NT BUDGET	<del> </del>	<del>                                     </del>	1	
	OPEN SERVIC				1	<del> </del>	<u> </u>	
					1	1		
		8800	33	FURTHER PROCESSING NECESSARY,	5	1395	1899	504
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
					1	1		
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		1		
				DENEFII FACRAGE.	1	1	-	
3404943	AT DEMANT D. ACCOUNTS	8505	191	CLAIM DENIED DUE TO INSUFFICIE	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	1
	ALBEMARLE MENTA L HEALTH CE	1	-	NT BUDGET	1	<del> </del>		
	n newpin CE				1	<del> </del>	<u> </u>	
		21	52	DUPLICATE OF CLAIM-SYSTEM	48	476	3473	2996
		5404	44	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
					1	<u> </u>		1

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							moma r	momar
PROVIDER		HIGH DENIAL	NUMBER OF		myo	momar	TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOLDER	PROVIDER NAME	2020	DENTITED	BBOTTITON	DENIALS	DENIALS	FINALIZED	PAID
3404944		8505	5400	CLAIM DENIED DUE TO INSUFFICIE				
	EASTPOINTE HUMA		****	NT BUDGET				
	N SERVICES							
		8622	67	60 RESIDENTIAL LEVEL II TREATM		5609	7100	1500
			-	ENT RECEIVED, PA IS REQUIRED	44	2609	7129	1520
				FOR ADDITIONAL SERVICE.				
		11	42	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
				5112				
3404946		8518	20945	CLAIM DENIED, SUBMITTED BEYOND				
3404540	FOOTHILLS AREAM	0310	20343	FILING TIMELIMIT. MAY AND				
	ENTAL HEALT			JUNE DOS MUST BE SUBMITTED BY				
				DONE DOS MOST BE SOBMITTED BI				
		21	5181	DUPLICATE OF CLAIM-SYSTEM				
		21	2181	DUPLICATE OF CLAIM-SYSTEM	369	31146	41777	10631
		8599	1657	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL	8505	1857	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8800	80	FURTHER PROCESSING NECESSARY,	63	2111	2468	357
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	71	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	8505	5114	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO		1	NT BUDGET				
		5404	803	SEVERE DUPLICATE: SAME ATTD PR	24	6753	11394	4641
				OV/PCODE/TOS/DOS/MOD				
		8800	423	FURTHER PROCESSING NECESSARY,				1
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				1